

PLAINTIFF CASSIUS M. CLAY SR.,	COURT CASE NUMBER CA05-125 Erie
DEFENDANT JOANNE MILLER	TYPE OF PROCESS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JOANNE MILLER; ACCOUNTING ASSISTANT
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) R.D. #10, Box 10; GREENSBURG, PA 15601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	10
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: Cassius M. Clay Sr. Pro-Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (814) 621-2110	DATE 4/6/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy [Signature]	

Service Fee \$0	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$0	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0
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REMARKS: OK'd mailed 9/21/05
10/11/05 returned to court unexecuted - return to sendy/no longer employed at

288
Value Use \$300

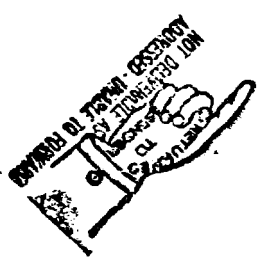
Form 241
5219-1912

es insurance service
strict of Pennsylvania

PTs
10 Handwritten Note
Handwritten Note

PTs
ATTN
10

JOANNE MILLER, ACCOUNTING ASSISTANT
[Redacted Address]



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